EXHIBIT I

CASE SUMMARY

This Coroner's Report concerns the death of, Angelo Voithugo Quinto.

A Forensic Pathologist completed the autopsy report of the decedent. The pathologist listed the cause of death as: "Excited Delirium Syndrome" due to "Acute Drug Intoxication with Behavior Disturbances" due to "Arrest Related Death (ARD) with Physical Exertion."

A Coroner's Inquest was conducted regarding this death. The 15-person jury was sworn in and after hearing testimony, they made the following 15-0 verdict: The decedent's death was due to an "Accident."

OFFICE OF THE SHERIFF-CONTRA COSTA COUNTY
CORONER'S DIVISION

DAVID O. LIVINGSTON, SHERIFF-CORONER

NAME: QUINTO, Angelo Voithugo **AUTOPSY REPORT 2020-6944**

POSTMORTEM AT: CENTRAL MORGUE, MARTINEZ, CALIFORNIA DATE: 12/28/20 TIME: 0930 HR.

PLACE OF DEATH: ANTIOCH, CALIFORNIA DATE: 12/26/20 TIME: 1344 HR.

AUTOPSY FINDINGS

1. Adult male with blunt force soft tissue injuries:
   A. Abrasions, contusions, and abraded contusions of right upper extremity.
   B. Abrasions, contusions, and abraded contusions of both knees and both shins.
   C. Multiple (2) contusions of right side of back, with
      1. 2 x 2 inch contusion of right shoulder.
      2. 4 x 3 inch contusion of right lower back.
   D. Shoulder and back contusions (purplish discoloration) indicating older age, estimated at between 36 and 72 hours.

2. Reportedly sustained injuries during attempted restraints initially by mother, then by responding police, who were called to the scene.

3. No significant or penetrating injuries to head or torso, and no fractures or other major injury to bones of upper and lower extremities, and torso.

4. Alleged previous polysubstance abuse, decedent was behaving irrationally per family and police similar to earlier contacts he had with law enforcement for drug intoxication.

5. Multi organ failure, with:
   A. Acute respiratory failure.
   B. Mucopurulent parietal pleural exudates, consistent with evolving acute pleuritis.

6. Well circumscribed and encapsulated kidney lesion (1.5 x 1 cm).

7. Clinical diagnosis of:
   A. Acute hepatic encephalopathy, shock and sepsis.
   B. Metabolic acidosis, lactic acidosis, electrolyte balance disruptions, and leukocytosis.
   C. Hyperglycemia with transaminitis.

8. Shock liver, acute kidney injury with tubular necrosis, systemic inflammatory response syndrome (SIRS), twitching, and loss of consciousness.

CAUSE OF DEATH: **EXCITED DELIRIUM SYNDROME** (MINUTES)

DUE TO: **ACUTE DRUG INTOXICATION WITH BEHAVIOUR DISTURBANCES** (MINUTES)

DUE TO: **ARREST RELATED DEATH (ARD) WITH PHYSICAL EXERTION** (MINUTES)

COMMENT: PRONE POSITION WITH WEIGHT ON THE BACK MAY HAVE PLAYED AN ADDITIONAL ROLE. CASE REVIEWED WITH A. JOSSELSON (MD) AND M. SUPER (MD).

NOTE: THE EXCITED DELIRIUM SYNDROME (EDS) IS A POORLY UNDERSTOOD PHYSIOLOGIC RESPONSE SEEN IN ARREST RELATED DEATHS (ARD) SCENARIOS, IN WHICH THE DECEDENTS EXPERIENCING DRUG INTOXICATION, EXHAUSTION, PRE-EXISTING PHYSICAL OR PSYCHIATRIC CONDITIONS, ALL OF WHICH MAY TRIGGER FATAL CARDIAC ARRHYTHMIAS. THERE IS USUALLY A HISTORY OF LAW ENFORCEMENT INVOLVEMENT DURING ATTEMPTS AT RESTRAINT. AUTOPSY FINDINGS MAYBE RARE, ALTHOUGH THERE USUALLY ARE SOME BLUNT FORCE INJURIES SUSTAINED IN THE ALTERCATION, AND THE DECEDENT USUALLY WAS PRONE WITH HANDS RESTRAINED, AND SOME DEGREE OF PRESSURE APPLIED ON THE BACK (USUALLY OFFICERS SITTING OR KNEELING ON THE BACK).

SEVERAL DRUGS HAVE BEEN IMPLICATED, THE COMMONEST BEING: METHAMPHETAMINE, COCAINE, PSYCHOSTIMULANTS (LSD), CATHINONES, OPIOIDS, THC AND PCP. HOWEVER, LEGAL DRUGS (PRESCRIPTION MEDICATIONS) SUCH AS LITHIUM, METHYLPHENIDATE, HALOPERIDAL, LIDOCAINE, VALPROIC ACID, AMANTIDINE, BARBITUATES AND MODAFINIL HAVE ALSO BEEN SEEN TO TRIGGER THIS CONDITION. THERE MAY BE A COMBINATION OF DRUGS, WITH ALCOHOL ALSO BEING PRESENT. EXCEPTIONALLY, CASES HAVE OCCURRED IN THE ABSENCE OF ILLICIT OR LICIT DRUGS, IN SITUATIONS OF OPERATIONAL STRESS, EXTREME SLEEP DEPRIVATION OR DURING MILITARY MANEUVERS. THE PATHOGENESIS IS BELIEVED TO INVOLVE ENDO AND EXOGENOUS CATECHOLAMINERGIC PATHWAYS IN STRESS OR PHYSICAL EXERTION, OR IN CONCOMITANT ABUSE OF STIMULANTS.

THIS DECEDENT HAD A HISTORY OF PHYSICAL ALTERCATION WITH HIS SISTER AND MOTHER WHO TRIED TO RESTRAIN HIM. BECAUSE THEY WERE UNSUCCESSFUL, THEY CALLED POLICE WHO RESTRAINED HIM IN THE PRONE POSITION, WITH HIS HANDS CUFFED BEHIND HIM. ALTHOUGH THE FAMILY STATES THAT POLICE WERE EITHER SITTING OR KNEELING ON HIS BACK, OFFICERS ADMIT TO ONLY KNEELING ON ONE SHOULDER. HE HAS SUPERFICIAL BLUNT FORCE INJURIES, BUT MICROSCOPY IS NOT CONTRIBUTORY. TOXICOLOGY (EXPANDED PANEL) HOWEVER DETECTED MODAFINIL, ONE OF THE DRUGS KNOWN TO CAUSE THIS CONDITION.

References:

1. Academic Emergency Medicine, May 2018, Vol 25, Number 5.
2. Arrest Related Death on the Basis of Drug-Induced Excited Delirium Syndrome, SN Kunz, S. Pordadottir, J. G. Jonason.
3. Restraint in Police Use of Force Events: Examining Sudden In-Custody Death for Prone and Non-Prone Positions, J. Forensic Med 2015.
4. Excited Delirium Syndrome: Pathophysiological and Medio-Legal Aspects.

DATE: 7-30-21

IOO/mis
1052/23988270

IKECHI O. OGAN, MD
FORENSIC PATHOLOGIST

Identification is by a Contra Costa County Coroner's right great toe tag bearing the decedent's name, case number and investigator's name (Westhorpe).

CLOTHING

The decedent is clad in a hospital gown only.

There is no property or valuable recovered directly off the decedent.

EVIDENCE OF MEDICAL INTERVENTION

The decedent's eyes are taped shut and the decedent is intubated. Multiple peripheral intravascular lines are in both antecubital fossae with infusion or drug bags (dopamine, vasopressin, propofol, fentanyl, phenylephrine, etomidate, normal saline or dextro saline). There is a blood pressure cuff on the right upper arm and triple lumen intravascular line in the right groin. A Foley catheter emerging from the urethra is connected to a bag containing dark reddish brown urine (approximately 10 to 15 mL volume).

Both thighs are wrapped in pressure cuffs which extend from the hips to the knees, and both legs are wrapped in thermal gel.

Both lower legs are also wrapped in greenish black pressure cuffs.

Defibrillator and EKG leads are on the torso and extremities.

TATTOOS/SCARS/DISTINGUISHING FEATURES

There are tattoos as follows:
1. Left side of the back and shoulder -- a butterfly.
2. Right forearm, circumferential -- tribal tattoo.
3. Left chest -- a circle with a cross.
4. Left forearm (sleeve), elbow to wrist -- tribal tattoo including flames, dragons, snakes, etc.

There are no major or surgical scars identified.

Multiple reddish and pinkish splotches consistent with subcutaneous ecchymoses are visible on the forearms, arms, flanks, and thighs. They range in diameter from 1/2 inch to 4 inches x 6 inches.

EVIDENCE OF INJURY

BLUNT FORCE INJURIES:

The decedent was reportedly involved in a short altercation with his mother as she tried to restrain him prior to calling law enforcement. Law enforcement responded and the decedent was rapidly subdued and placed in a prone position. There are soft tissue injuries consistent with this history. It is unclear how much force was required to restrain him due to differing accounts from police and family members.

EXTERNAL INJURIES: The right upper arm shows multiple (6 to 8) linear contusions ranging from 4 inches to 6 inches. These contusions are vertically oriented on the arm covering most of the outer arm. There are no underlying fractures.

The right knee and shin show multiple abraded contusions, some of which are oval to round, while others are linear. They range from 4 inches x 1/2 inch to 1 inch x 1/2 inch. The larger ones are vertically oriented on

the shin, while the smaller oval to round ones are on the knee.

Similar injuries are also noted on the left knee and shin, although they are fewer. They range on the left knee from 1/2 inch x 1/2 inch to 2 inches x 1/2 inch. There are no underlying fractures.

The decedent was reportedly bleeding from the mouth at initial contact with EMS. Examination of the mouth and intraoral mucosa shows bite marks on the left inner cheek and on the right side of the tongue. There is no other injury identified. Both upper and lower frenula are intact.

The right shoulder and back shows a 2 x 2 inch purplish contusion. A similar purplish contusion measuring 4 x 3 inches is also on the lower right back. There are no underlying fractures, or penetrating injuries.

No other significant external injuries are identified.

INTERNAL INJURIES: The scalp is intact. There are no skull fractures (dome or base), no intracranial hemorrhage, or parenchymal brain injury.

The neck is intact.

Opening the torso does not reveal any fractures of the ribs, clavicle, or sternum. However, there are mucopurulent and fibrinopurulent exudates adherent to the visceral and parietal pleural surfaces of the lungs and chest, (worse on the right) and the epicardial surfaces of the heart. These indicate evolving pleuritis and pericarditis. The rest of the torso and the thoracoabdominal viscera are unremarkable.

No other internal injuries are identified.

The rest of the autopsy findings are as follows:

EXTERNAL EXAMINATION

The unembalmed and fresh body is that of a normally developed and well-nourished male, appearing about the reported age of 30 years. The body measures 5 feet 7 inches and weighs 220 pounds. The head is symmetrical and the scalp is covered by black hair of male distribution. Facial hair consists of a goatee and mustache. The irides are brown and the pupils are round, equal and fixed. The sclerae and conjunctivae are unremarkable. The facial features, oral cavity and tongue are unremarkable and native dentition is in good repair. There are bite marks on the right side of the tongue and on the inner left cheek. The neck is symmetrical, and the trachea in the midline. The chest and abdomen are appropriate for age and sex. The abdomen is rounded and soft while the external genitalia are those of an adult male. Apart from the soft tissue injuries (most visible on the upper and lower extremities), the rest of the trunk, extremities and overall skeletal anatomy are unremarkable. Rigor mortis is present but easily overcome, while lividity is posterior and fixed.

INTERNAL EXAMINATION

The body is examined using the usual Y-shaped thoracoabdominal and posterior scalp incisions.

BODY CAVITIES:

Each pleural space contains approximately 150 mL of brownish effusion fluid. The parietal pleural surfaces bilaterally and the epicardial surface show whitish brown mucopurulent exudates attached to these membranes. The pericardium is otherwise intact, thin, and translucent. It encloses a small amount of brownish fluid. There are no pericardial adhesions. The peritoneal cavity contains a small quantity of brownish fluid. The diaphragm is intact and the viscera are in their usual positions. The subcutaneous fat in the anterior wall

measures 1 to 1-1/2 inches maximally.

HEAD:

The reflected scalp, calvaria and base of the skull are intact and unremarkable. On opening the calvaria, there are no fresh, recent, or old intracranial hemorrhages (epidural, subdural, subarachnoid, parenchymal, or ventricular). The leptomeninges are thin and delicate, and the symmetrical but swollen brain weighs 1750 grams. The tentorium and falx are intact. The gyri and sulci are symmetrical although there is diffuse (and severe) cortical edema. There is swelling of the gyri with obliteration of the sulci including the horns of both lateral ventricles. There is some softening of the brain tissue but no discrete infarcts or malformations are identified. There is evidence of brainstem herniation through foramen magnum consisting of grooving on the cerebellar peduncles. Serial coronal sections through the cerebrum confirm the severe edema but show no other lesions, while the cerebellum, midbrain, pons and medulla again, although edematous, show no discrete lesions. The vessels at the base of the brain have the usual configuration and show no atherosclerosis. The dura is stripped and reveals no fractures of the skull base. The orbital roofs are intact and unremarkable.

NECK:

No abnormalities are noted in the anterior strap muscles, hyoid bone, laryngeal cartilages, or cervical vertebral column.

CARDIOVASCULAR SYSTEM:

The 360 gram heart has a normal configuration. The coronary arteries arise normally and follow the usual distribution. The coronary arteries show no atherosclerosis. The epicardial surface of the heart is covered by whitish-brown soft adherent exudates. The myocardium has the usual reddish-brown color and firm consistency. The left ventricle wall thickness is 1.6 cm while the right ventricle wall thickness is 6 mm. The myocardium shows no fresh infarcts or significant old scars. The chambers of both ventricles and the cardiac valves are unremarkable. The papillary muscles and chordae tendineae are unremarkable. The aorta shows mild atherosclerosis (grade 2/7).

RESPIRATORY SYSTEM:

The larynx and trachea are intact and have the usual configuration. The tracheobronchial tree contains brownish mucopurulent material and scanty frank white pus. The visceral pleural surfaces of the lungs are covered by creamy brownish-white mucopurulent exudates. The right lung weighs 650 grams, and the left lung weighs 550 grams. Dissection of both lungs reveals focal and patchy consolidation in the lower lobes bilaterally. The cut surfaces of the lungs ooze brownish mucopurulent material. The pulmonary vessels are widely patent and contain no thromboemboli.

GASTROINTESTINAL TRACT:

The oral cavity, esophagus, stomach, small and large bowel are unremarkable. The appendix is present. The gastric contents consist of approximately 100 ml of brownish semi liquid without identifiable particles.

HEPATOBILIARY SYSTEM:

The 1200 gram liver has an intact and smooth capsule. The capsular surface and parenchyma have a focal light yellowish brown discoloration due to fatty infiltration. The cut surfaces disclose this fatty infiltration but show no other lesions. The gallbladder contains approximately 10 ml of watery green bile without stones. The extrahepatic biliary system is patent.

PANCREAS:

The pancreas is unremarkable.

ENDOCRINE SYSTEM:

The bi-lobed thyroid gland is unremarkable. Both adrenal glands are not unusual.

HEMATOPOIETIC SYSTEM:

The 70 gram spleen has an intact capsule and normal parenchyma. The lymph nodes are unremarkable and the thymus is atrophic. The spleen is soft and semi liquifying, indicating acute splenitis (septic reaction).

URINARY SYSTEM:

The right and left kidneys each weigh 140 grams. The upper pole of the right lung shows a well circumscribed, encapsulated, and discrete multicolored lesion measuring 1.5 x 1 cm. This lesion has a variegated cut surface with colors ranging from dark brown through red-yellow and whitish. The margins are well circumscribed and encapsulated. The lesion is strongly suggestive of a renal adenoma or angiomyolipoma. The renal capsules strip with ease bilaterally. Sectioning of both kidneys confirms good corticomedullary differentiation and unremarkable renal pelves. The ureters and bladder have a normal configuration, but the bladder was empty. (A Foley catheter draining dark brownish-urine (approximately 75 mL) was in situ. The bladder mucosa was unremarkable.

REPRODUCTIVE SYSTEM:

The prostate gland and testicles are unremarkable.

MUSCULOSKELETAL SYSTEM: (See also section on injuries.)

The decedent has soft tissue injuries consistent with the history of an altercation (initially with his mother, then with law enforcement as they tried to subdue him). These consist of abrasions, abraded contusions, and contusions. Most are linear and they are most prominent on the right upper arm, both shins, and the right knee. There are no underlying fractures or other significant injury, either to the head or the torso. The skeleton and joints are unremarkable and there are no congenital malformations or acquired deformities. Incision into samples of skeletal muscle reveals no gross abnormalities.

SPECIMENS FOR HISTOLOGY:

Sections of the major organs and kidney lesion are submitted for microscopy.

Sections of the major organs are retained in formalin.

SPECIMENS FOR TOXICOLOGY:

First draw hospital blood samples (5 tubes), autopsy drawn peripheral blood, Foley catheter urine, and vitreous humor are all obtained during autopsy.

Urine drug screen was positive for barbiturates only.

Appropriate samples are sent for expanded toxicology.

ADDITIONAL PROCEDURES:

The body was assessed for trace material including hair samples and fingernail trimmings by the attending criminalist prior to autopsy.

Multiple photographs were taken of the findings during the autopsy.

MICROSCOPY:

Heart- Minimal vascular changes of hypertension, with focal myocyte hypertrophy and disarray.
Brain- No significant changes.
Liver- Bile stasis with chronic triaditis. Focal patchy hepatocyte necrosis.
Kidney- Well circumscribed and encapsulated clear cell cystic and papillary adenoma.
Lungs- Vascular congestion with focal edema.
Prostate, Thyroid, Pancreas, Adrenals, Spleen, Appendix- No significant changes.

PRESENT:

B. Ward, Pathologist's Assistant
S. Peterson, CSO, Antioch Police Department
S. Erickson, Sr. Inspector, Contra Costa County District Attorney's Office
J. Jeong, Detective, Antioch Police Department
E. Ocampo-Fields, Criminalist, Contra Costa County Sheriff's Office

NMS Labs
200 Welsh Road, Horsham, PA 19044-2208
Phone: (215) 657-4900 Fax: (215) 657-2972
e-mail: nms@nmslabs.com
Robert A. Middleberg, PhD, F-ABFT, DABCC-TC, Laboratory Director

CONFIDENTIAL

Toxicology Report

Report Issued 01/15/2021 15:03

To: **10449**
Contra Costa Sheriff's Office - Coroner Division -
Attn: April VanHousen
1960 Muir Road - 1st Floor
Martinez, CA 94553

Patient Name	QUINTO, ANGELO
Patient ID	20-6944
Chain	21000762
Age 30 Y	**DOB** 03/10/1990
Gender	Male
Workorder	21000762

Positive Findings:

Compound	Result	Units	Matrix Source
Modafinil / Armodafinil	15	mcg/mL	002 - Hospital Blood
Caffeine	Positive	mcg/mL	002 - Hospital Blood
Levetiracetam	15	mcg/mL	002 - Hospital Blood

See Detailed Findings section for additional information

Testing Requested:

Analysis Code	Description
3045B	Modafinil / Armodafinil, Blood
8052B	Postmortem, Expanded, Blood (Forensic)

Specimens Received:

ID	Tube/Container	Volume/ Mass	Collection Date/Time	Matrix Source	Labeled As
001	Gray Vial	0.01 mL	12/24/2020 00:06	Hospital Blood	QUINTO, ANGELO
002	Red Vial	3 mL	12/24/2020 01:56	Hospital Blood	QUINTO, ANGELO

All sample volumes/weights are approximations.

Specimens received on 01/02/2021.

NMS LABS

CONFIDENTIAL

Workorder 21000762
Chain 21000762
Patient ID 20-6944

Detailed Findings:

Analysis and Comments	Result	Units	Rpt. Limit	Specimen Source	Analysis By
Modafinil / Armodafinil	15	mcg/mL	0.20	002 - Hospital Blood	LC-MS/MS
Caffeine	Positive	mcg/mL	0.40	002 - Hospital Blood	LC/TOF-MS
Levetiracetam	15	mcg/mL	1.0	002 - Hospital Blood	LC-MS/MS

Other than the above findings, examination of the specimen(s) submitted did not reveal any positive findings of toxicological significance by procedures outlined in the accompanying Analysis Summary.

Reference Comments:

1. Caffeine (No-Doz®) - Hospital Blood:

   Caffeine is a xanthine-derived central nervous system stimulant. It also produces diuresis and cardiac and respiratory stimulation. It can be readily found in such items as coffee, tea, soft drinks and chocolate. As a reference, a typical cup of coffee or tea contains between 40 to 100 mg caffeine.

   The reported qualitative result for this substance was based upon a single analysis only. If confirmation testing is required please contact the laboratory.

2. Levetiracetam (Keppra®) - Hospital Blood:

   Levetiracetam is an antiepileptic drug that is chemically unrelated to other antiepileptic compounds available for clinical use. The drug is indicated for adjunct therapy in children and adults with epilepsy. Levetiracetam is marketed in normal release tablets of 250 to 1000 mg. A commonly used initial dosage is 500 mg given twice daily; additional dosing increments may be given after a 2-week stabilization period. Oral absorption of levetiracetam is rapid and complete with peak plasma concentrations occurring in about 1 hour. Steady-state plasma concentrations are achieved after 2 days of twice daily dosing. The plasma half-life of levetiracetam is about 7 hours.

   Steady-state trough plasma concentrations following doses of 500 to 3000 mg/day: 1.1 to 33 mcg/mL. A fatal overdose reported postmortem blood concentrations of approximately 200 mcg/mL. The most frequent adverse effects associated with the drug are somnolence, dizziness, asthenia, and infection. The blood to plasma ratio is approximately 0.9. This test is not chiral specific. Levetiracetam cannot be distinguished from its inactive isomer etiracetam.

3. Modafinil / Armodafinil (Provigil®) - Hospital Blood:

   Modafinil and Armodafinil are central nervous system stimulants that promote wakefulness. These drugs are indicated for oral use in patients with excessive daytime sleepiness associated with narcolepsy. The most common adverse reactions include headache, nausea, restlessness, irritability, insomnia and dizziness.

   Modafinil is rapidly absorbed following oral administration with peak plasma concentrations occurring in 2 to 4 hours. Most of the drug is metabolized to inactive products prior to excretion into the urine. Following seven daily oral doses of 200 mg Modafinil the mean peak plasma concentration was 6.4 +/- 0.7 mcg/mL. The blood to plasma ratio is not known for this compound. This test is not chiral specific; therefore, Armodafinil and/or Modafinil may be present.

Unless alternate arrangements are made by you, the remainder of the submitted specimens will be discarded one (1) year from the date of this report; and generated data will be discarded five (5) years from the date the analyses were performed.

Workorder 21000762 was electronically signed on 01/15/2021 14:25 by:

Denice M. Teem, B.S., D-ABFT-FT
Certifying Scientist

NMS LABS

CONFIDENTIAL

Workorder 21000762
Chain 21000762
Patient ID 20-6944

Analysis Summary and Reporting Limits:

All of the following tests were performed for this case. For each test, the compounds listed were included in the scope. The Reporting Limit listed for each compound represents the lowest concentration of the compound that will be reported as being positive. If the compound is listed as None Detected, it is not present above the Reporting Limit. Please refer to the Positive Findings section of the report for those compounds that were identified as being present.

Acode 3045B - Modafinil / Armodafinil, Blood - Hospital Blood

-Analysis by High Performance Liquid Chromatography/ Tandem Mass Spectrometry (LC-MS/MS) for:

Compound	Rpt. Limit	Compound	Rpt. Limit
Modafinil / Armodafinil	0.20 mcg/mL		

Acode 52060B - Levetiracetam Confirmation, Blood - Hospital Blood

-Analysis by High Performance Liquid Chromatography/ Tandem Mass Spectrometry (LC-MS/MS) for:

Compound	Rpt. Limit	Compound	Rpt. Limit
Levetiracetam	1.0 mcg/mL		

Acode 8052B - Postmortem, Expanded, Blood (Forensic) - Hospital Blood

-Analysis by Enzyme-Linked Immunosorbent Assay (ELISA) for:

Compound	Rpt. Limit	Compound	Rpt. Limit
Barbiturates	0.040 mcg/mL	Gabapentin	5.0 mcg/mL
Cannabinoids	10 ng/mL	Salicylates	120 mcg/mL

-Analysis by Headspace Gas Chromatography (GC) for:

Compound	Rpt. Limit	Compound	Rpt. Limit
Acetone	5.0 mg/dL	Isopropanol	5.0 mg/dL
Ethanol	10 mg/dL	Methanol	5.0 mg/dL

-Analysis by High Performance Liquid Chromatography/Time of Flight-Mass Spectrometry (LC/TOF-MS) for: The following is a general list of compound classes included in this screen. The detection of any specific analyte is concentration-dependent. Note, not all known analytes in each specified compound class are included. Some specific analytes outside these classes are also included. For a detailed list of all analytes and reporting limits, please contact NMS Labs.
Amphetamines, Anticonvulsants, Antidepressants, Antihistamines, Antipsychotic Agents, Benzodiazepines, CNS Stimulants, Cocaine and Metabolites, Hallucinogens, Hypnosedatives, Hypoglycemics, Muscle Relaxants, Non-Steroidal Anti-Inflammatory Agents, Opiates and Opioids.

NMS LABS

NMS Labs
200 Welsh Road, Horsham, PA 19044-2208
Phone: (215) 657-4900 Fax: (215) 657-2972
e-mail: nms@nmslabs.com
Robert A. Middleberg, PhD, F-ABFT, DABCC-TC, Laboratory Director

CONFIDENTIAL

Supplemental Report

Report Issued 04/20/2021 17:00
Last Report Issued 01/15/2021 15:03

To: **10449**
Contra Costa Sheriff's Office - Coroner Division -
Attn: April VanHousen
1960 Muir Road - 1st Floor
Martinez, CA 94553

Patient Name	QUINTO, ANGELO
Patient ID	20-6944
Chain	21000762
Age 30 Y	**DOB** 03/10/1990
Gender	Male
Workorder	21000762

Positive Findings:

	Compound	Result	Units	Matrix Source
*	**Modafinil / Armodafinil**	**15**	**mcg/mL**	**002 - Hospital Blood**
	Caffeine	**Positive**	**mcg/mL**	**002 - Hospital Blood**
	Caffeine	**Positive**	**mcg/mL**	**002 - Hospital Blood**
	Cotinine	**Positive**	**ng/mL**	**002 - Hospital Blood**
	Levetiracetam	**15**	**mcg/mL**	**002 - Hospital Blood**

See Detailed Findings section for additional information

Testing Requested:

Analysis Code	Description
8098B	Drug Screen (GC/MS), Blood
3045B	Modafinil / Armodafinil, Blood
8052B	Postmortem, Expanded, Blood (Forensic)
7744	Special Request: Synthetic Cannabinoids - Updated Scope Screen

Tests Not Performed:

Part or all of the requested testing was unable to be performed. Refer to the **Analysis Summary and Reporting Limits** section for details.

Specimens Received:

ID	Tube/Container	Volume/ Mass	Collection Date/Time	Matrix Source	Labeled As
001	Gray Vial	0.01 mL	12/24/2020 00:06	Hospital Blood	QUINTO, ANGELO
002	Red Vial	3 mL	12/24/2020 01:56	Hospital Blood	QUINTO, ANGELO

All sample volumes/weights are approximations.

Specimens received on 01/02/2021.

RECEIVED
APR 21 2021
By

NMS LABS

CONFIDENTIAL

Workorder 21000762
Chain 21000762
Patient ID 20-6944

Detailed Findings:

Analysis and Comments	Result	Units	Rpt. Limit	Specimen Source	Analysis By
Modafinil / Armodafinil	15	mcg/mL	0.20	002 - Hospital Blood	LC-MS/MS
Special Request Finding(s)	None Detected			002 - Hospital Blood	Depending on request

None Detected
Scope of analysis:
4-fluoro-MDMB-BINACA, 5-fluoro-MDMB-PICA/5-fluoro-EMB-PICA, ADMB-CHMINACA, APP-BINACA, MDMB-4en-PINACA, MMB-FUBINACA – Reporting Limit = 0.20 ng/mL
5-fluoro-MDMB-PINACA/5-fluoro-EMB-PINACA – Reporting Limit = 0.40 ng/mL
ADMB-FUBINACA – Reporting Limit = 2.0 ng/mL
4-fluoro-BINACA 3,3-dimethylbutanoic acid, 5-fluoro-PICA 3,3-dimethylbutanoic acid, 5-fluoro-PINACA 3-methylbutanoic acid, 5-fluoro-PINACA 3,3-dimethylbutanoic acid, FUBINACA 3-methylbutanoic acid, FUBINACA 3,3-dimethylbutanoic acid – Reporting Limit = 10 ng/mL

Caffeine	Positive	mcg/mL	0.40	002 - Hospital Blood	LC/TOF-MS
Caffeine	Positive	mcg/mL	0.20	002 - Hospital Blood	GC/MS
Cotinine	Positive	ng/mL	25	002 - Hospital Blood	GC/MS
Levetiracetam	15	mcg/mL	1.0	002 - Hospital Blood	LC-MS/MS

Other than the above findings, examination of the specimen(s) submitted did not reveal any positive findings of toxicological significance by procedures outlined in the accompanying Analysis Summary.

Reference Comments:

1. Caffeine (No-Doz®) - Hospital Blood:

   Caffeine is a xanthine-derived central nervous system stimulant. It also produces diuresis and cardiac and respiratory stimulation. It can be readily found in such items as coffee, tea, soft drinks and chocolate. The reported qualitative result for this substance is indicative of a finding commonly seen following typical use and is usually not toxicologically significant. If confirmation testing is required please contact the laboratory.

2. Caffeine (No-Doz®) - Hospital Blood:

   Caffeine is a xanthine-derived central nervous system stimulant. It also produces diuresis and cardiac and respiratory stimulation. It can be readily found in such items as coffee, tea, soft drinks and chocolate. As a reference, a typical cup of coffee or tea contains between 40 to 100 mg caffeine.

   The reported qualitative result for this substance was based upon a single analysis only. If confirmation testing is required please contact the laboratory.

3. Cotinine (Nicotine Metabolite) - Hospital Blood:

   Cotinine is a metabolite of nicotine and may be encountered in the fluids and tissues of an individual as a result of tobacco exposure. Anabasine is a natural product occurring in tobacco, but not in pharmaceutical nicotine and a separate test for anabasine in urine can be used to distinguish tobacco from pharmaceutical nicotine use. The reported qualitative result for this substance is indicative of a finding commonly seen following typical use and is usually not toxicologically significant. If confirmation testing is required please contact the laboratory.

NMS LABS

CONFIDENTIAL

Workorder 21000762
Chain 21000762
Patient ID 20-6944

Reference Comments:

4. Levetiracetam (Keppra®) - Hospital Blood:

   Levetiracetam is an antiepileptic drug that is chemically unrelated to other antiepileptic compounds available for clinical use. The drug is indicated for adjunct therapy in children and adults with epilepsy. Levetiracetam is marketed in normal release tablets of 250 to 1000 mg. A commonly used initial dosage is 500 mg given twice daily; additional dosing increments may be given after a 2-week stabilization period. Oral absorption of levetiracetam is rapid and complete with peak plasma concentrations occurring in about 1 hour. Steady-state plasma concentrations are achieved after 2 days of twice daily dosing. The plasma half-life of levetiracetam is about 7 hours.

   Steady-state trough plasma concentrations following doses of 500 to 3000 mg/day: 1.1 to 33 mcg/mL. A fatal overdose reported postmortem blood concentrations of approximately 200 mcg/mL. The most frequent adverse effects associated with the drug are somnolence, dizziness, asthenia, and infection. The blood to plasma ratio is approximately 0.9. This test is not chiral specific. Levetiracetam cannot be distinguished from its inactive isomer etiracetam.

5. Modafinil / Armodafinil (Provigil®) - Hospital Blood:

   Modafinil and Armodafinil are central nervous system stimulants that promote wakefulness. These drugs are indicated for oral use in patients with excessive daytime sleepiness associated with narcolepsy. The most common adverse reactions include headache, nausea, restlessness, irritability, insomnia and dizziness.

   Modafinil is rapidly absorbed following oral administration with peak plasma concentrations occurring in 2 to 4 hours. Most of the drug is metabolized to inactive products prior to excretion into the urine. Following seven daily oral doses of 200 mg Modafinil the mean peak plasma concentration was 6.4 +/- 0.7 mcg/mL. The blood to plasma ratio is not known for this compound. This test is not chiral specific; therefore, Armodafinil and/or Modafinil may be present.

Unless alternate arrangements are made by you, the remainder of the submitted specimens will be discarded one (1) year from the date of this report; and generated data will be discarded five (5) years from the date the analyses were performed.

Workorder 21000762 was electronically signed on 04/20/2021 16:09 by:

Donna M. Papsun

Donna M. Papsun, M.S., D-ABFT-FT
Forensic Toxicologist

Analysis Summary and Reporting Limits:

All of the following tests were performed for this case. For each test, the compounds listed were included in the scope. The Reporting Limit listed for each compound represents the lowest concentration of the compound that will be reported as being positive. If the compound is listed as None Detected, it is not present above the Reporting Limit. Please refer to the Positive Findings section of the report for those compounds that were identified as being present.

Acode 3045B - Modafinil / Armodafinil, Blood - Hospital Blood

-Analysis by High Performance Liquid Chromatography/ Tandem Mass Spectrometry (LC-MS/MS) for:

Compound	Rpt. Limit	Compound	Rpt. Limit
Modafinil / Armodafinil	0.20 mcg/mL		

Acode 52060B - Levetiracetam Confirmation, Blood - Hospital Blood

-Analysis by High Performance Liquid Chromatography/ Tandem Mass Spectrometry (LC-MS/MS) for:

Compound	Rpt. Limit	Compound	Rpt. Limit
Levetiracetam	1.0 mcg/mL	Levetiracetam	N/A

NMS LABS

CONFIDENTIAL

Workorder 21000762
Chain 21000762
Patient ID 20-6944

Analysis Summary and Reporting Limits:

Testing Not Performed: Test was canceled due to [Duplicate Order].

Acode 7744 - Special Request: Synthetic Cannabinoids - Updated Scope Screen - Hospital Blood

- for:

Compound	Rpt. Limit	Compound	Rpt. Limit
Special Request Finding(s)	N/A		

Acode 8052B - Postmortem, Expanded, Blood (Forensic) - Hospital Blood

-Analysis by Enzyme-Linked Immunosorbent Assay (ELISA) for:

Compound	Rpt. Limit	Compound	Rpt. Limit
Barbiturates	0.040 mcg/mL	Gabapentin	5.0 mcg/mL
Cannabinoids	10 ng/mL	Salicylates	120 mcg/mL

-Analysis by Headspace Gas Chromatography (GC) for:

Compound	Rpt. Limit	Compound	Rpt. Limit
Acetone	5.0 mg/dL	Isopropanol	5.0 mg/dL
Ethanol	10 mg/dL	Methanol	5.0 mg/dL

-Analysis by High Performance Liquid Chromatography/Time of Flight-Mass Spectrometry (LC/TOF-MS) for: The following is a general list of compound classes included in this screen. The detection of any specific analyte is concentration-dependent. Note, not all known analytes in each specified compound class are included. Some specific analytes outside these classes are also included. For a detailed list of all analytes and reporting limits, please contact NMS Labs.
Amphetamines, Anticonvulsants, Antidepressants, Antihistamines, Antipsychotic Agents, Benzodiazepines, CNS Stimulants, Cocaine and Metabolites, Hallucinogens, Hypnosedatives, Hypoglycemics, Muscle Relaxants, Non-Steroidal Anti-Inflammatory Agents, Opiates and Opioids.

Acode 8098B - Drug Screen (GC/MS), Blood - Hospital Blood

-Analysis by Gas Chromatography/Mass Spectrometry (GC/MS) for: The following is a general list of compound classes included in the Gas Chromatographic screen. The detection of any particular compound is concentration-dependent. Please note that not all known compounds included in each specified class or heading are included. Some specific compounds outside these classes are also included. For a detailed list of all compounds and reporting limits included in this screen, please contact NMS Labs.
Amphetamines, Analgesics (opioid and non-opioid), Anorectics, Antiarrhythmics, Anticholinergic Agents, Anticonvulsant Agents, Antidepressants, Antiemetic Agents, Antihistamines, Antiparkinsonian Agents, Antipsychotic Agents, Antitussive Agents, Antiviral Agents, Calcium Channel Blocking Agents, Cardiovascular Agents (non-digitalis), Local Anesthetics Agents, Muscle Relaxants and Stimulants (Amphetamine-like and others).

-Analysis by Gas Chromatography/Mass Spectrometry (GC/MS) for: Anesthetics, Anticoagulant Agents, Antifungal Agents, Antihypertensive Agents, Anxiolytics (Benzodiazepine and others), Hypnosedatives (Barbiturates, Non-Benzodiazepine Hypnotics, and others) and Non-Steroidal Anti-Inflammatory Agents (excluding Salicylate).

Contra Costa County
Coroner's Office

VERDICT OF CORONER'S JURY

In the matter of the inquest on the body of **Angelo Voithugo Quinto,** Before Hearing Officer Matthew Guichard.

Inquisition was taken on this date in Contra Costa County, State of California on the body of the above named person, at which time and place a duly summoned Coroner's Jury was sworn to inquire into the circumstances attending said death, and in what manner, where and when said death occurred.

We, the members of the Coroner's Jury, certify that our verdict is as follows:

Name of Deceased: **Angelo Voithugo Quinto**

Date of Death: **December 26, 2020** Time of Death: **1344 hours**

Place of Death: **Sutter Delta Medical Center**

Medical Cause of Death: **"Excited Delirium Syndrome" due to "Acute Drug Intoxication with Behavior Disturbances" due to "Arrest Related Death (ARD) with Physical Exertion"**

Death was caused by: **Accident**

Dated: **August 20, 2021**

Kassandra Ortiz Rosa.

TATIANA WATKINS

Approved: **David O. Livingston, Sheriff-Coroner**
Contra Costa County

By ____________
Waimun Wong (Govt. C. 27491.6;27491.7;27504)
Deputy Sheriff-Coroner

CORONER'S FINDINGS

IN THE MATTER OF THE CORONER'S FINDINGS ON THE BODY OF

Angelo Voithugo Quinto, deceased,

I, David O. Livingston, Sheriff-Coroner of Contra Costa County, certify

That on this date at Contra Costa County, State of California, an investigation was made into the death of the above-named person; that inquiry was made into the circumstances attending said death, and in what manner, where, and when said death occurred; and that findings of said investigation referenced as case file

CR **20-6944** are:

Sex **Male** Age **30 years old** Race **Other**

Date of Death **12/26/2020** Time of Death **1344**

Place of Death **Sutter Delta Medical Center**

3901 Lone Tree Way, Antioch, California 94509

Cause of Death **Excited Delirium Syndrome**

Due To: Acute Drug Intoxication With Behaviour Disturbances

Due To: Arrest Related Death (ARD) With Physical Exertion

Other Significant Conditions

Classification **Accident**

Medical Examination ☑

Review ☐

Inspection ☐ By **Ikechi O. Ogan, Forensic Pathologist**

David O. Livingston, Sheriff-Coroner
Contra Costa County

Dated 08/23/2021 By

Deputy - Coroner